State of Tennessee
Department of Children's Services

Continuous Quality Improvement Program Manual

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Philosophy of the Continuous Quality Improvement Program

Introduction

The Department of Children's Services (DCS) promotes excellence in child welfare practice through commitment to a Continuous Quality Improvement (CQI) program. This program engages all levels of agency employees and stakeholders in identifying and targeting opportunities to improve services, processes and outcomes for at risk children and families in Tennessee.

The foundation of CQI is the belief that people truly care about the work they do and strive to learn from experiences. DCS seeks to empower staff to create, innovate, and improve outcomes for children and families through teamwork in the CQI program.

The purpose and intent of the CQI Program is to target improvements to key operations and outcomes by utilizing the strategic plan (Accountability Plan) as a guide to:
- Improve the quality of casework,
- Improve outcomes for children and families,
- Increase local problem-solving, based on the principle that all staff are equipped to effect positive, ongoing and lasting organizational change,
- Improve processes towards efficiency,
- Track and monitor trends through more effective use of practice data and utilize identified trends to drive improvement initiatives and long term planning in the region,
- Track and monitor client, community and provider agency outcomes and partner with them to develop improvements,
- Improve employee morale and satisfaction within their work environment by providing staff with a voice and ability to impact organizational improvement.

Strategic Tools

Six Sigma is a quality improvement business strategy that uses various tools, to achieve better outcomes. The term "six sigma" comes from the idea that if an agency is functioning at six standard deviations from the mean, it will achieve virtually error free outcomes (99.9996%). While this seems near impossible in the unpredictable world of child welfare, using evidenced based practices in quality improvement has proven beneficial in non-profit and government agencies. The Continuous Quality Improvement program at DCS will borrow tools from Six Sigma, LEAN, Driver Diagrams, and improvement cycles like the scientific method and DMAIC (Define, Measure, Analyze, Improve, Control) and imbed them into the Practice Wheel process of Engagement, Teaming, Assessment, Planning, Implementation and Tracking. (Pyzdek, T., 2009. The Six Sigma Handbook, Third Edition)

Practice Wheel

The DCS Practice Wheel is the foundation of the department's work with families. Principles from the Practice Wheel are applied across the agency as the foundation for the work of DCS. Concepts from and DMAIC (Define, Measure, Analysis, Implement and Control) are incorporated within the practice wheel outlined below to strengthen the model with other well researched tools.

Engagement
DCS staff will be engaged at every level of the agency to participate in CQI. At the first level, all staff will participate in local/unit problem solving in unit staff meetings, where supervisors will go beyond dissemination of information by involving staff in problem solving around local issues and

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unit outcomes. Units can opt to deploy CQI workgroups to problem solve specific issues at the local level and seek guidance, collaboration and additional problems from higher levels of the agency as needed.

Regionally, DCS staff can opt to participate in regionally based CQI workgroup teams designed to address specific areas or issues that impact the entire region. These workgroup teams will be guided by a Regional Leadership CQI Team that will oversee the overall activities of the CQI teams across the region.

Blended groups of regional and Central Office staff will also be identified to collaborate on strategic issues that impact the agency statewide. In addition, there will be Central Office based teams to work on and address issues as the highest level of the agency.

Teaming
DCS staff will come together in CQI Workgroups to address key issues identified and as outlined by the agency strategic plan (Accountability Plan). Staff will be encouraged to problem solve issues using quality improvement tools available to them. Collaboration among and between teams will be supported through the CQI Coordinators.

Assessment
CQI Workgroups will be encouraged to specifically define (D in DMAIC) problems and seek available agency and intra-agency data to clarify measures (M in DMAIC) where improvements are sought. Once the problem and related measures (data) are clearly identified, the team will analyze (A in DMAIC) factor's contributing to undesirable conditions and outcomes. Teams can accomplish this through open discussion or use tools like a Driver Diagram, LEAN swim lanes, etc. Research of strategies and evidenced based practices used in other agencies is strongly encouraged.

Planning
Once the CQI Workgroup has fully assessed the problem, finalized analysis (A in DMAIC) and considered the various factors contributing to poor outcomes, the team will then plan for change. The team will use the SMART (Specific, Measurable, Achievable, Relevant, Time Sensitive) formula for writing an action plan.

Implementation
CQI Workgroup team members will implement (I in DMAIC) strategies as outlined in the action plan developed.

Tracking & Adjusting
Following implementation, CQI Workgroups will consider pre and post measures, data, and outcomes and discuss the success and opportunities of the improvement interventions implemented. This is where workgroups focus efforts on examining the work that has been done to see if the intervention worked. The CQI team will then renew the Practice Wheel cycle by:
- Engaging new team members as needed,
- Re-assessing actions taken,
- Planning adjustments to the current steps, and
- Continuing with implementation until desired outcomes are achieved.

At this stage, the goal is for the team to seek maintaining an optimal status. This is captured as the "control" (C in DMAIC). If additional steps are needed to achieve or maintain the desired outcome, those steps will be outlined and action will be taken to gain "control" over the desired outcome.

Practice Wheel/DMAIC Crosswalk

Engagement
- Staff involvement
- Responsive collaboration
- Supportive Management

Tracking & Adjusting
- **Analyze** the data
- Compare data to measures and predictions
- State what was learned
- Identify next steps to **improve** or maintain (**control**)

Teaming
- All voices are equal
- Open discussion
- Team decision-making to seek a clear **definition** of the problem and take action to **improve** the issue.

Implementation
- Carry out the action steps
- Document barriers, unexpected outcomes, and successes

Assessment
- Clearly **define** the issue
- Identifying **measures** to monitor the issue
- **Analysis** of the issue (ex-Driver Diagram)

Planning
- Development of clear objectives and action steps.
- Questions and predictions (ask why)
- Plan to carry out they cycle (who, what, where, when)

LEAN

LEAN is a philosophy and a set of tools which help us focus on our daily processes to maximize customer value while minimizing roadblocks. LEAN is actually not an acronym, but a description of a framework for process improvement. LEAN organizations have figured out the simplest and most direct way to deliver services. When utilized, LEAN accomplishes the following:
- Dramatically reduce backlogs
- Reduce lead times
- Decrease the complexity of processes
- Improve the quality and consistency of work
- Free up more staff time for "mission critical" work
- Improve staff morale

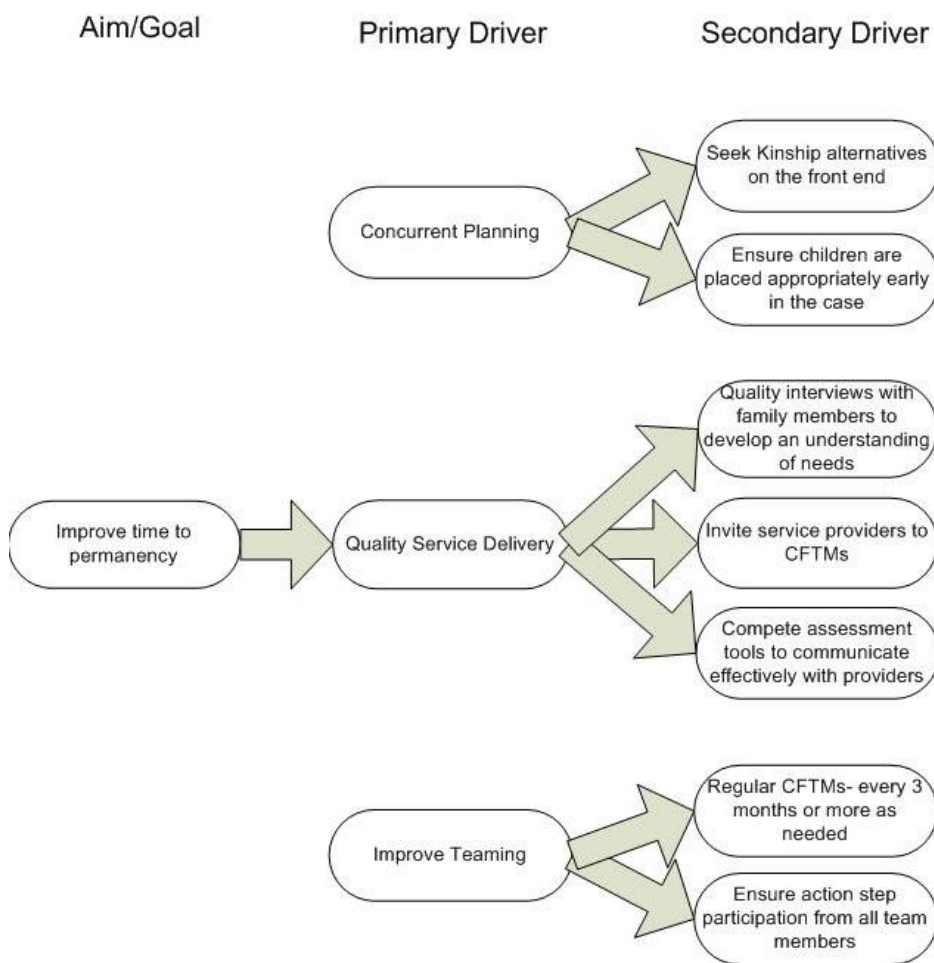(State of Tennessee, Department of Finance and Administration)

CQI Coordinators are trained in LEAN Principles and LEAN Facilitation and can assist various levels of the organization re-align resources in this ever evolving organization.

Driver Diagram

Driver Diagrams can be used by CQI Workgroups to analyze an issue by looking at what aim or goal the team seeks to obtain. Once a goal is established, the team identifies "primary drivers", which are the high level factors which need to be influenced or improved to achieve the goal. The "secondary drivers" are the specific actions or projects that will improve the primary drivers towards achieving the goal. This tool is useful at the beginning stages of process improvement as CQI Workgroups work to define. Additional levels of drivers can be developed as needed to clarify and adequately asses the issue.

Driver Diagram Example

Driver Diagram

Aim/Goal	Primary Driver	Secondary Driver
	Concurrent Planning	Seek Kinship alternatives on the front end
		Ensure children are placed appropriately early in the case
Improve time to permanency	Quality Service Delivery	Quality interviews with family members to develop an understanding of needs
		Invite service providers to CFTMs
		Compete assessment tools to communicate effectively with providers
	Improve Teaming	Regular CFTMs- every 3 months or more as needed
		Ensure action step participation from all team members

Anatomy of the Continuous Quality Improvement Program

The CQI Program has four (4) levels; Foundation Level, Regional/Youth Development Center Level, Blended Regional/Executive Level, and Executive Level CQI workgroups (See Figure 1).

Foundation Level – County Cluster/Unit

Most employees participate in a CQI process without even realizing it. It is embedded in much of our daily work such as monthly meetings with supervisors, unit meetings, and management meetings. These meetings are developed and managed by the staff in the county/clusters.

Regional/Youth Development Center (YDC) Level – Leadership/CQI Workgroups

Each region and YDC has a Leadership CQI workgroup that is the primary venue for core leadership from that region to come together and work on improvements to regional performance. These groups are sometimes referred to as Core Leadership meetings or Quality Practice Team meetings. Each region also has additional CQI workgroups that are designed to address specific program areas (such as Safety, Permanency, Juvenile Justice, etc.) or key issues (such as recruitment and retention, or training). These groups are often referred to as CQI Teams or CQI Circles. (See Appendix A-O for Regional/Youth Development Center specific details).

Blended Level - Regional and Central Office level staff

There are also a series of workgroups that include both Central Office and Regional staff. At the center of this is the primary workgroup called the Statewide Policy and Practice Workgroup. Sub-workgroups of this primary workgroups are the Permanency Custody, Permanency Non-custody, Safety, and Juvenile Justice workgroups.

### Executive Level – Central Office Teams and Executive Leadership

At the highest level of the organization is the Central Office CQI workgroup, which can seek guidance and assistance from Executive Leadership when improvements cannot be made without the backing of executive leadership. The Central Office CQI workgroup can also create sub-workgroups as needed to address specific issues as they arise.

Short-term and Long-term CQI Teams

It should be noted that CQI Teams can be short-term or long-term depending on the needs within the level. For example, some teams may be targeted for long-term tracking of programs (e.g. – Safety, Permanency or Health) or long-term goals like Permanency Reviews which constantly seek to reduce custody length-of-stay. While short-term teams may be employed to tackle specific issues like addressing an issue to improve a policy, form, process, community issue, or other "quick-win".

Figure 1 - CQI Program Map

Tennessee Department of Children's Services
Continuous Quality Improvement Framework
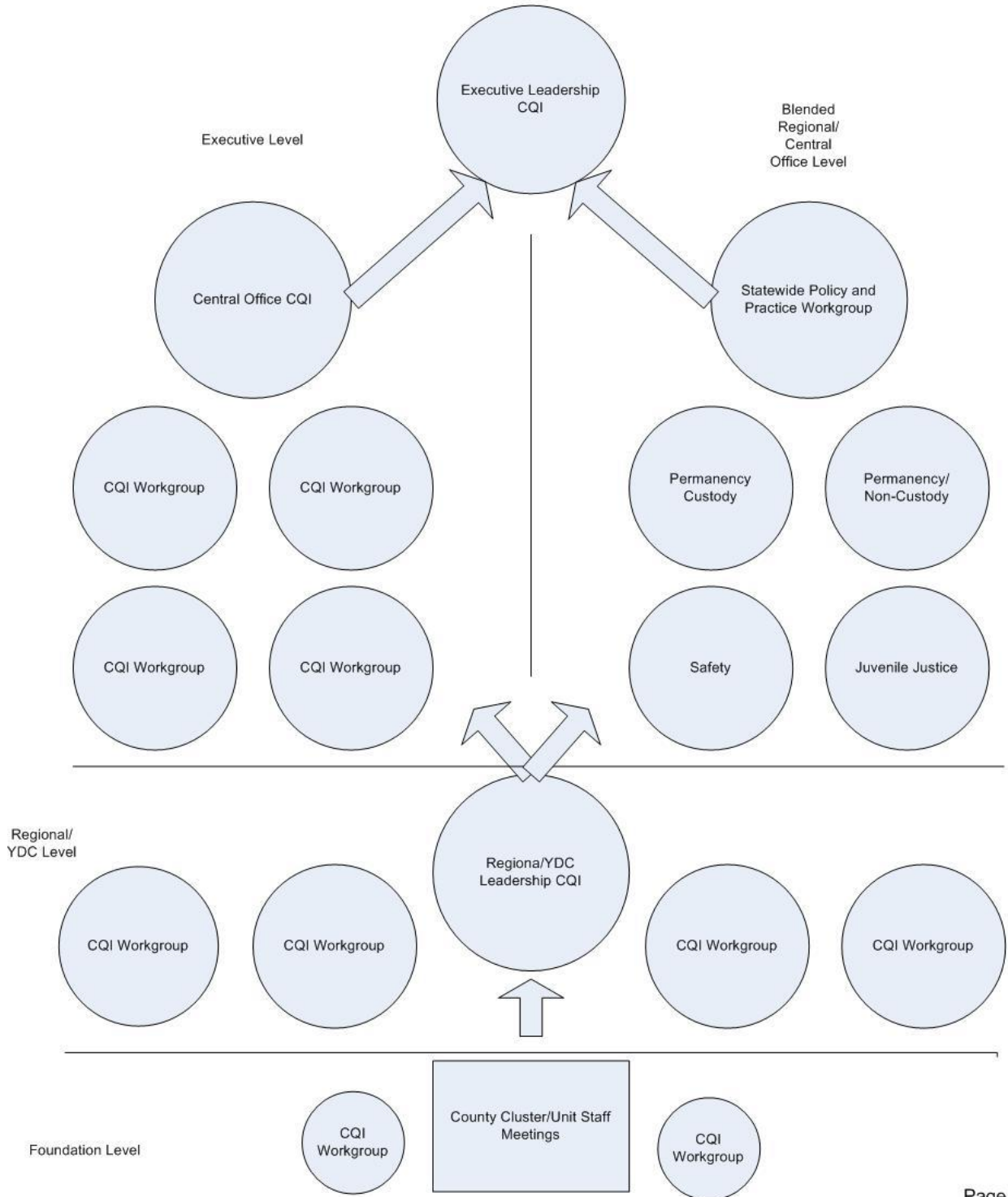
Stakeholder Involvement

Stakeholder involvement in the CQI process is a critical component toward achieving targeted agency improvements. The Department is constantly seeking new and innovative ways to enhance collaboration with external stakeholders.

Stakeholders include:
- Advisory Board
- DCS Employees and Resource Parents
- Children and Families served by DCS
- Private Providers
- Contract Providers
- Tennessee Commission on Children and Youth
- Community
  - Courts
  - Law Enforcement
  - Child Advocacy Centers
  - Community Advisory Boards
  - Mental Health Centers
  - Hospitals, Health Departments, and Medical Community

(See DCS In Home Tennessee Program materials for further information)

Measures and Outcomes

In the Fiscal Year 2013-2014, DCS intends to create a stronger link between the agency strategic plan (Accountability Plan) through activities within the CQI Program. The agency's goals, funding, and objectives are, to a degree, driven by Tennessee Code Annotated, and Federal Title IV-E and IV-B requirements. The Continuous Quality Improvement Program will seek to further these goals by being sensitive to these driving entities. DCS seeks to maintain and refine its accreditation through the Council on Accreditation (COA). Additionally, DCS has made application to and earned a TNCPE Level 2 Baldridge Award. DCS hopes to advance quality improvements throughout the agency to be successful in achieving a Level 3 Award in the 2014-2015 fiscal year. To accomplish this, DCS will set clear measures towards achieving long-term strategic goals and desired outcomes that will be laid out in the Accountability Plan.

Statewide Targets/Use of Data
Client and program (system-level) key performance indicators and outcomes will be distributed via "scorecards" to each region and contracted private providers. In addition, heavy emphasis will be placed on Quality Service Review (QSR) and Case Process Review (CPR) outcomes annually. All levels of CQI teams will be charged with the responsibility of using provided data to monitor, and make improvements through strategic planning and activity.

(See QSR Protocol and CPR Manual for further information)

CQI Practices

Roles

The *CQI Coordinator* will:
- Coordinate and provide technical assistance to the CQI Program for the area they serve (e.g. - Region, Youth Development Center, or Central Office).
- Attend and provide technical assistance to Leadership Workgroups monthly and sub-workgroups routinely (at least quarterly).
- Provide specialized facilitation of various quality improvement tools including, LEAN, Driver Diagrams, etc. for CQI teams upon request
- Ensure that referred items are received by the appropriate team and addressed timely.

The *Facilitator* will:
- Develop the meeting agenda and send it to team members in advance of the meeting.
- Keep the agenda manageable and keep overflow of issues in a "parking lot" where they can be added to the agenda as the process allows
- Start on time and end on time
- Facilitate the meeting
- Ensure that discussion is meaningful and that everyone has the opportunity to have their voice heard and respected.
- Serve as the point of contact for that workgroup
- Prepare and submit referral for any issues that need to be sent to another CQI Workgroup

The *Scribe* will:
- Schedule the date and time of meetings
- Schedule meeting space and/or polycom line as needed.
- Send reminder and/or agenda to all participants about meeting
- Documenting on the Meeting Minutes (CS-0987) form
- Make certain that all action steps have initiation and completion dates documented and responsible parties assigned
- Send minutes out to all workgroup members and CQI Coordinator within 10 working days from the date of the meeting
- **Post minutes and related materials to the Statewide CQI Drive in advance of the next scheduled meeting.**
- Maintain a CQI team folder on the Statewide CQI Drive that includes all minutes and related materials. A hardcopy notebook can also be maintained as optional by the team as desired.
- Arrange for flip charts, projectors, any supplies, etc. needed for meetings.

A *Team Member* is an individual who routinely attends a CQI Workgroup meeting and makes a commitment to attend meetings for a minimum of 6 months for long-term CQI workgroups and for the duration on short-term CQI workgroups. Team Members actively participate in discussion and decision making. Facilitators and Scribes are considered Team Members.

A *Team Member Liaison* is any Team Member on a CQI Workgroup that sits on a Leadership CQI Workgroup or CQI Workgroup in another level. Liaisons will serve for a minimum of 6 months and are expected to serve as experts on the CQI efforts of the teams they participate on and are recognized as strong collaborators.

All DCS employees are *Participants* in the CQI process and can interact with CQI Workgroups on an informal basis by discussing issues of concern with Team Members and referring issues for

teams to consider for improvement. Participants are not actively involved with a CQI workgroup, but understand that they can access information and provide information to the CQI process as desired. They are also welcome to join CQI Workgroups at any time.

CQI Workgroup Meeting Process

Introductions
- Ensure all members are familiar with one another.

Review of Previous Minutes
- Address any clarification in past minutes
- Accept minutes as final.

Review of Current Agenda Items
- Discussion amongst team members of each agenda item
- Ensure that each item receives adequate time during the meeting
- Ensure associated data, policy, people, etc. are consulted accordingly for the discussion
- Take Action:
  - Make final decisions
  - Identify action steps
  - Identify responsible person/people for action steps
  - Determine completion dates for actions steps
  - Make referrals to other levels of CQI.

Meeting Closure
- Brief overview of action steps from all agenda items
- Announcement of next meeting date and time.

Agenda Development
As the team develops an agenda or seeks to add a new agenda item, they will consider what data, policies, people or other key drivers may need to be considered or consulted. The CQI Coordinator can be consulted for assistance with obtaining needed resources or collaboration efforts. Other CQI workgroups minutes should be reviewed to seek and consider other agency successes for use or adaptation.

Minutes
Meeting minutes for all CQI Workgroups will be kept on the DCS Meeting Minutes (CS-0987) form. Minutes will be maintained on the Statewide CQI Drive (under development). The Statewide CQI Drive will be divided into subfolders according to CQI program structure as outlined in Figure 1 and Appendices A-M so documentation can be easily located.

Action Levels
Issues addressed in CQI Workgroups fall under 3 Action Level categories:

Category 1:
These issues can be addressed by the local team by developing action steps to be taken at the local level. These are "quick wins" that the local team can take on without assistance from higher levels within the agency. For example if a local office wants to LEAN the intake process for their county, the team could do so with assistance from their CQI Coordinator. Another example is a region that identifies that timely EPSD&T's have fallen below the target goal. This team can identify barriers and develop actions steps to improve outcomes in coming months.

Category 2:

These are issues that require assistance from a higher level within the agency. A referral can be made to obtain assistance once the team works through the issue and demonstrates that the issue cannot be resolved as a category 1 action. An example of this is a team that identifies a problem with a policy that impacts daily work. The team has clarified details as to what could be amended in order for the policy to be more effective, but needs to partner with the executive level to make the needed changes.

Category 3:
These are issues that when referred, require substantial assistance and resources that might take an extended period of time for development if accepted at a higher level of CQI. These issues are often budgetary or require reallocation of resources. These issues may need to be placed in a queue for consideration at a later time when agency resources permit.

CQI Coordinator Technical Assistance (TA) Requests
CQI Teams can seek skilled facilitation, including use of various quality improvement tools (e.g. – LEAN, Driver Diagrams, etc.) from CQI Coordinators by sending an email request which should include a description of:
1. The current issue being addressed by the team
2. What the team hopes to accomplish
3. What the team has already attempted to resolve the issue

Guest Collaboration
When CQI teams identify an issue that members of the current CQI team cannot resolve, the team can seek assistance from others by inviting key stakeholders to the meeting to participate in problem solving before sending an issue by referral to another CQI team. When inviting key stakeholders to participate in CQI teaming, the team should prepare a detailed explanation of the issue the CQI team is working on and identify what the team hopes to accomplish through the collaboration.

Referrals
When a CQI Workgroup decides to send a referral to another CQI Workgroup or Level, they will follow these steps:
1. Consult with the CQI Coordinator on strategies attempted and to receive guidance/assistance with next steps needed to make a referral
2. Complete a descriptive analysis (ex- driver diagram) of the issue and possible strategies to be addressed
3. Complete a CQI Referral (CS-0945) and clearly identify steps taken by the requesting team to resolve the issue and actions for consideration by the receiving CQI Workgroup
4. Facilitator will complete and submit the referral with attached analysis to the CQI Coordinator
5. CQI Coordinator will log the referral on the Regional/YDC/Central Office CQI Spreadsheet and send to the facilitator if the team is under the jurisdiction of the CQI Coordinator or the CQI Coordinator for the team. If the referral is received by another CQI Coordinator, they will send it to the facilitator of the receiving CQI Workgroup.
6. Facilitator for the receiving team will set the referral on the next agenda and will have minimum of monthly communication with the associated CQI Coordinator(s) and facilitator as to steps being taken towards resolution.
7. Foundation and Regional level CQI referrals must go through the Regional Leadership CQI Team for consideration before being sent to a higher level CQI team. Once the Regional Leadership CQI Team determines that a referral should be sent for work, the referral can do to the best fit workgroup within the Blended or Executive Level.

8. CQI referrals for the Blended and Executive level will be sent to the Central Office CQI Coordinator for assignment. If there is a question as to where the CQI referral would be best addressed, the Director of Continuous Quality Improvement will be consulted for final direction of the referral.

Tracking

All improvements made in each CQI workgroup will be tracked on the CQI Spreadsheet managed by the CQI Coordinator. Both Statewide targets and team projects will be logged on the spreadsheet to provide an easy way for anyone in the agency to see a quick overview of all improvements being addressed in the Region, YDC or Central Office. Metrics will be monitored for improvement as projects progress.

Appendix